Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: HERSHEY OUTPATIENT SURGERY STATE LICENSE NUMBER: 16721501				A. BLDG:00			VEY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLET DATE		COMPLETE	
S 0000	This report is the result of an unannounced resurvey conducted on April 18, 2023 following State Licensure survey completed on January 2023, at Hershey Outpatient Surgery Center, was determined that the facility was in complewith the requirements of the Pennsylvania Department of Health's Rules and Regulation Ambulatory Care Facilities, Annex A, Title 2 IV, Subparts A and F, Chapters 551-573, November 1999.		ring a ary 26, er, Lp. It appliance ons for	S 0000				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:								

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Certified End Page

HERSHEY OUTPATIENT SURGERY CENTER, LP

STATE LICENSE NUMBER: 16721501 SURVEY EXIT DATE: 04/18/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY